

## MISSOURI DEPARTMENT OF HEALTH

JUN -9 2009

MIOOCOTA DEL TATORIO
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPOR
TINIONANIES MININIES

DATAMASTER MAINTENANCE REPORT	T CC C C C C C C C C C C C C C C C C C
Complete this report in duplicate at the time of the regular is repaired. Send copy to Department of Health; retain original	monthly preventive maintenance check, and whenever instrument in department file.
is repaired. Send copy to Department of Fleaths, Total on Send Copy to Department of Send Copy to Department of Send Copy to Department of Send Copy to Depa	DATE OF INSPECTION
204083 127208	TIME OF INSPECTION
Mississippi County Jail, Charleston, Missouri	and to be satisfactory or if operating within established limits. (Write
in observed values where determined.) Official Rolls in the	
DIAGNOSTIC CHEOK (PHINTOUT ATTACHED)	erst francisco Louis de Maria de Santa de Maria
Сомритея	<u>В ретестов</u>
PROGRAM .	FILTERS
. WHEATERS SAMPLE CHAMBER 50 °C	U QUARTZ STANDARD
☐ FLOW DETECTOR	☑ CALIBRATION
PUMP HIGH SPEED AND THE STATE OF THE STATE O	PRINTER
TY INDICATOR LIGHTS	
TIME AND DATE	
	34°C
spread of .005 or less. Check the box corresponding to RECIRCULATION PUMP)	ests must be within $\pm$ 5% of the standard value and must have a by the standard solution being used. (PRINTOUT ATTACHED) (USE and 0.105% INCLUSIVE
☐ 0.040% STANDARD - MOST READ BETWEEN 0.038%  (ONLY ONE STANDARD IS TO BE USED PER MAINTER	% and 0.042% INOCOSIVE
TEST 1 = 2098 TEST 2 =	.097 TEST 3 . 098
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)	
NUMBER OF REFUSALS, SINCE LAST MAINTENANCE FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)	REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS
REFUSALS (004) (0.0509)	(.1014) / (Over .19)
List any pays and describe any alteration or modificat	tion that was made to restore the instrument to operate satisfactorily
and within established limits (use other side if necessary)  Guth Labs Lot Number 08340 Expiration Da	A = A + A + A + A + A + A + A + A + A +
•	
INSPECTING OFFICER	
SIGNATURE ( ) (. ()	Greg D. Kenley
TYPE II PERMIT NUMBER/EXPIRATION SYTE	TELEPHONE NUMBER
820278 09-29-2010	(573) 840-9500 Lab-116



#### CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Numb. 08340 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain 0.1211 percent (w/vol) ethyl alcohol. The expiration date for this lot number is October 15, 2009 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.10 percent BAC.

The alcohe and wat used in this solution were free of test interfering substances.

'ed L. Pauley, President GUTH LABORATORIES, INC.

### BAC DataMaster Evidence Ticket

Dylaciic 12212

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204083 06/03/09

ESTING OFFICER:

KEMLEY/G/B

FFICER I.D.: 491

'ERMIT NUMBER: 820278

XPIRATION DATE: 09/29/10

[ISCELLANEOUS DATA:

#### --- SUPERVISOR MODE ---

:LANK TEST	.000	07:48
NTERNAL STANDARD	VERIFIED	07:48
XTERNAL STANDARD	.098	07:49
LANK TEST	.000	07:50
XTERNAL STANDARD	.097	07:50
LANK TEST	.000	07:51
XTERNAL STANDARD	.0 <del>9</del> 8	07:51
LANK TEST	.000	07:52

= 3 IM. = .1 VG. = .0976

CMSU 2208-02

Face This Side Down - This Edge In First

## **BAC DataMaster**Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204083 06/03/09

ARREST TIME: 07:00
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/000
ARRESTING OFFICER:
KENLEY
OFFICER I.D.: 491
TESTING OFFICER;
KENLEY
OFFICER I.D.: 491
PERMIT NUMBER: 820278
EXPIRATION DATE: 09/29/10
MISCELLANEOUS DATA:

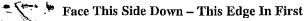
--- BREATH ANALYSIS ---

RADIO INTERFERENCE

Operator Signature 6 D Leady

Printed on recycled paper with agri-based inks

CMSU 2208-02



# **BAC DataMaster**Evidence Ticket

MISSOURI STATE HIGHWAY PATROL BAC DATAMASTER SERIAL NUMBER 204083 06/03/09 07:44

--- DIAGNOSTIC CHECK ---

COMPUTER:

OKAY

PROGRAM:

OKAY

HEATERS

SAMPLE CHAMBER:

50c

FLOW DETECTOR:

OKAY

PUMP

HIGH SPEEDS

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST

!"#\$%&^()\*+,-./0123456789:;<=>?@ABCDEFG HIJKLMNOPQRSTUVWXYZ[\]^\_^abcdefghijklmno pgrstuvwxyz{|}}\*

Operator Signature\_

01/le

Printed on recycled paper with agri-based inks

CMSU 2208-02

### State of Missouri DEPARTMENT OF HEALTH



### PERMIT TYPE II



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ιτK	P.L.	IJ.	NE	N.	

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

#### DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

09/29/08	John of Mathewson		
Number 09/29/2010	Director of State Public Health Laboratory		
Expires	Director, Department of Health		
UO 580-0771 (7-88)	Lab. 4 (R7-88)		